



1975 Bee Street,  
 Victoria, BC V8R 5E6  
 250-595-7946 FAX: 250-370-7127  
 www.recreation.oakbay.ca

# Parks and Recreation Application for Employment

**(Attach resume and cover letter to your email)**  
**Please complete every question.**  
**Information provided will remain confidential**

Posting #: \_\_\_\_\_ Position applying for: \_\_\_\_\_  
 \*\*Complete one application form for each position for which you are applying\*\*

How did you learn of this position?: \_\_\_\_\_

Last Name	Given Name and Initial	E-mail address
Street Address	City / Town	Postal Code
Home Phone #:	Cell phone or Message #	

Are you 16 – 18 years?  Yes  No  Are you legally eligible to work in Canada?  
 Yes  No  Are you a present or past employee of Recreation Oak Bay?  
 Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Yes  No  Do you have relatives that work for the Corporation of the District of Oak Bay?  
 If yes, state name(s) and relationship:  
 \_\_\_\_\_  
 Yes  No  Do you have current First Aid certification?  
 Type \_\_\_\_\_ Expiry \_\_\_\_\_  
 Yes  No  Do you have current CPR certification?  
 Type \_\_\_\_\_ Expiry \_\_\_\_\_  
 With AED Yes  No   
 Yes  No  Do you hold a valid B.C. Driver's Licence? Class # \_\_\_\_\_

Please indicate the type of work you are interested in obtaining:  
 Full time  Part time

Please indicate the dates and times you are available to work:

	Morning	Afternoon	Evening
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional information about your availability:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Education	Name of Institution	Grade / Year Completed	Certificate / Diploma Received	Dates Attended
High School		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
University		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Other		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

**Other Relevant Courses, Training or Certifications**  
 List relevant training, courses, apprenticeships or educational programs you have taken. Please include dates of completion and expiry dates of certifications. (e.g. ECE, Foodsafe, NLS, WSI, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>LAST OR PRESENT EMPLOYER</b>		
Name of Business	Address of Business	
Type of Business	Supervisor 's Name and Title	Business #
Your Job Title	Dates of Employment (from / to) /	
Job Duties and Responsibilities		
Reason for Leaving	May we contact your present supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PAST EMPLOYMENT</b>		
Name of Business	Address of Business	
Type of Business	Supervisor 's Name and Title	Business #
Your Job Title	Dates of Employment (from / to) /	
Job Duties and Responsibilities		
Reason for Leaving	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>REFERENCES:</b>		
References should be a former supervisor, educator or work associate, fully familiar with your education and experience.		
<b>Name</b>	<b>Phone #</b>	<b>Relationship</b>
1.		
2.		
3.		
I consent to Recreation Oak Bay conducting past work performance and reference checks. I understand that this information will be used to determine eligibility. Yes <input type="checkbox"/> No <input type="checkbox"/>		

**COMMENTS:** What abilities, skills or special qualities do you feel you possess that are relevant to the position for which you are applying at Recreation Oak Bay? Please note additional activities / interests / associations.

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I hereby certify that the answers given by me in this application are true and complete. I understand and agree that if any of such answers are at anytime found to be false, the Corporation of the District of Oak Bay may, at its option and its sole discretion, terminate my employment. Upon employment with Recreation Oak Bay, I hereby agree to become a member of the union, CUPE local 374, as outlined in the current collective agreement.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Section 27). It is required for the recruitment and selection of employees and is used to record information about applicants and as a basis for determining employment suitability. In the case of successful applicants, the information will be retained by the Human Resources department.  
If you have any questions about the collection and use of this information, please contact the Human Resources department.